

**State of New Jersey  
Department of Environmental Protection  
Solid & Hazardous Waste Regulation Element  
Manifest Section  
P.O. Box 421  
401 East State Street  
Trenton, New Jersey 08625-0421**

## EPA ID No.

Company Name: \_\_\_\_\_

Site Address: \_\_\_\_\_

(street) (city / town)

\_\_\_\_\_

(state) (zip code) (lot) (block)

Mailing Address: \_\_\_\_\_  
                                 (street / P.O. box)   (city / town)

\_\_\_\_\_

                                (state)   (zip code)

Company Contact: \_\_\_\_\_  
(name) (area code and phone number)

Reasons for deactivating EPA ID No. (Check all appropriate boxes.)

- ☐ The EPA ID number was obtained for a one time cleanup which is completed.
- ☐ The site has completed an ECRA cleanup (indicate ECRA Case # \_\_\_\_\_ )
- ☐ Other

Is the site presently occupied? (circle **yes** or **no** )

Sign and date the application below, and retain the last page (pink copy) for your records.

_____ (printed name)	_____ (signature)
_____ (title)	_____ (date)

Submission of false information is a violation of N.J.A.C. 7:26-5.6 and N.J.A.C. 7:26-7.3.

**copies:** NJDEP/DSHW Manifest section (address above)  
**Applicant** is to keep a copy

